

1 STATE OF ILLINOIS
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 525 West Jefferson Street, 2nd Floor
4 Springfield, Illinois 62761
5 217.782.3516
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15 LONG-TERM CARE ADVISORY SUBCOMMITTEE
16 MEETING
17 CONFERENCE CALL
18 FEBRUARY 4, 2013
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1 AGENDA

2

3 CALL TO ORDER

4 APPROVAL OF AGENDA

5 PUBLIC PARTICIPATION

6 ITEMS FOR DISCUSSION

7 1. 2013 HFSRB Proposed Legislative Initiatives

8 NEXT MEETING

9 Tuesday, February 19th

10:00 A.M. - 2:00 P.M.

10 Bolingbrook Golf Club

2001 Rodeo Drive

11 Bolingbrook, Illinois

12 NEW BUSINESS

13 ADJOURNMENT

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10 LONG-TERM CARE ADVISORY SUBCOMMITTEE
11 MEETING
12 CONFERENCE CALL
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17 Meeting of the Health Facilities and Services
18 Review Board, Long-Term Care Advisory Subcommittee,
19 was held on the 4th day of February, 2013, between the
20 hours of 3:00 P.M. and 4:31 P.M. of that day, with the
21 reporter at the offices of the Health Facilities and
22 Services Review Board, 525 West Jefferson Street, 2nd
23 Floor, Springfield, Illinois 62761.
24

1 MEMBERS PRESENT:
2 Michael Waxman
Eli Pick
3 Michael Scavotto
Cecilia Credille
4 Terry Sullivan
Toni Colon
5 Carolyn Handler
Phyllis Mitzen
6 Neyna Johnson
Dave Lowitzki
7 Timothy Phillippe
8

ALSO PRESENT:
9
Courtney Avery
10 Alexis Kendrick
George Roate
11 Mike Constantino
Frank Urso
12 Juan Morado
Charles Foley
13 Pam Lenane
Nora O'Brien
14 John Florina
Matt Hartman
15 Bill Dart
Anne Cooper
16 Greg Will
Chuck Sheets
17
18
19

REPORTED BY:
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Illinois CSR #084-002046
21 Midwest Litigation Services
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1 SCHEDULED START TIME: 3:00 P.M.

2

3 MS. KENDRICK: Michael Waxman, Tim
4 Phillippe, Terry Sullivan, Frank Scavotto, Cece
5 Credille, Toni Colon, Mike Constantino, Charles Foley,
6 Pam Lenane, Nora O'Brien, John Florina, Matt Hartman,
7 Carolyn Handler, Phyllis Mitzen, Bill Dart, Anne
8 Cooper, Juan Morado, Greg Will, Chuck Sheets, Neyna
9 Johnson, and Dave Lowitzki.

10 Is there anybody else on the call?

11 MR. URSO: Frank Urso is on the call.

12 MS. KENDRICK: Sorry, Frank.

13 MR. WAXMAN: And Eli should be on the call
14 shortly.

15 This is Mike Waxman.

16 The two people from Illinois Financing --
17 are you guys staff?

18 MS. LENANE: Yes. I'm a vice president
19 and -- this is Pam Lenane, not Pat, P-a-m, and I'm the
20 general counsel and the -- I'm in charge of health
21 care at the Finance Authority. And Nora also works on
22 legal issues with me on health care.

23 MR. WAXMAN: Okay. Thank you very much.

24 MS. O'BRIEN: So we --

1 MS. LENANE: Yeah, we're staff.

2 MR. WAXMAN: Okay. Appreciate that.

3 MS. LENANE: No problem.

4 MR. WAXMAN: And, John, are you just on as
5 an observer, or are you trying to represent somebody?

6 MR. FLORINA: I'm here as an observer.

7 MR. WAXMAN: Okay. And I apologize. Anne
8 Cooper -- do I know that name?

9 MS. COOPER: I'm on here as an observer.

10 MR. WAXMAN: And can I -- I know John from
11 being in long-term care. Can I ask how you're
12 connected to long-term care?

13 MS. COOPER: Yeah. I represent several
14 clients who are long-term care facilities.

15 MS. AVERY: Tell him what law firm you're
16 with, Anne.

17 MS. COOPER: Oh, Polsinell Shughart.

18 MR. WAXMAN: Okay. Thank you very much.

19 Courtney, is there anybody else who is not
20 part of the committee that I missed? I just want to
21 make sure I know who is on the call.

22 MR. SHEETS: Chuck Sheets. I'm counsel
23 for HCCI.

24 MR. WAXMAN: Okay. I think I knew your

1 name from just being old and in this industry a long
2 time.

3 MR. SHEETS: That's correct.

4 MR. FOLEY: This is Charles. You know I'm
5 not on the committee either.

6 MR. WAXMAN: Chuck, I know you. I know
7 your voice.

8 MS. AVERY: Greg Will

9 MR. SHEETS: For the record, Chuck Foley
10 is a lot older than I am.

11 MR. FOLEY: No comment. There's ladies on
12 the phone.

13 MR. HARTMAN: And, Michael, this is Matt
14 Hartman. I'm not an official member, but I've served
15 in that role a few times for some of the other
16 members.

17 MR. WAXMAN: Are you talking about HCA
18 here?

19 Everyone is welcome, and, again, I just
20 appreciate being aware of where people are in this
21 process. So, again, thank you all.

22 This really is Courtney's meeting to start
23 with. So, Courtney.

24 MS. AVERY: Let me go -- Greg Will, you're

1 on the line.?

2 MR. WILL: Yes. Yes.

3 MS. AVERY: Okay. He's a guest also.

4 Okay. For the benefit of the court

5 reporter, when you speak, if wouldn't mind, say your

6 name first.

7 And I think we had two more people to join

8 us.

9 MR. ROATE: Yes, Courtney. I'm sorry.

10 This is George Roate from IDPH. I apologize for being

11 tardy.

12 MS. AVERY: Hi, George.

13 Anyone else?

14 Okay. Thank you all for such great

15 attendance on such short notice. I really appreciate

16 that, and I think everyone received the materials and

17 the agenda.

18 So Mr. Waxman, we need approval of the

19 agenda.

20 MR. WAXMAN: Need a motion to approve.

21 MS. MITZEN: Phyllis. So moved.

22 MR. WAXMAN: And a second, please.

23 MS. HANDLER: Carolyn Handler. Second.

24 MR. WAXMAN: All in favor?

1 ("Ayes" heard.)

2 MR. WAXMAN: Any opposed?

3 (No response.)

4 MR. WAXMAN: Sounds to me like the motion
5 carries to approve the agenda.

6 MS. AVERY: Let me count real quick. One
7 second. One, two, three, four, five, six, seven,
8 eight, nine, ten, eleven.

9 We have a difference in one, but I'm
10 pretty sure Frank will catch us if we're out of order.

11 MR. WAXMAN: Frank, just remind us, with
12 the new bylaws, the quorum is only what now?

13 MR. URSO: I knew you were going to ask me
14 that, Mike.

15 MR. WAXMAN: That's why you get paid the
16 big dollars, Frank.

17 MR. URSO: I know we're at a quorum number
18 at least.

19 MS. AVERY: I was counting Matt. So we
20 have ten unless Matt is a proxy for someone today, and
21 I don't think he is.

22 MR. HARTMAN: No, Courtney.

23 (Several people at once.)

24 COURT REPORTER: I need people one at a

1 time, please. Sounds like a mumbled mess.

2 MS. AVERY: Sorry. This is Courtney. .

3 I was counting Matt. We have ten.

4 MR. URSO: That's enough for a quorum.

5 MS. AVERY: Okay.

6 MR. WAXMAN: Okay. Thank you.

7 MS. AVERY: And public participation.

8 Anyone who is on the conference call that's outside of
9 the committee that would like to speak -- we just have
10 to be recognized by the chair.

11 MR. URSO: This is Frank Urso.

12 Just for informational purposes, according
13 to the bylaws, eight members consists of a quorum.

14 MR. WAXMAN: And we have ten.

15 MS. KENDRICK: Yes.

16 MS. AVERY: Wow.

17 MR. WAXMAN: Thank you, Frank.

18 I hope all of you can make your way to the
19 meeting on the 19th.

20 MS. AVERY: Yes. 10:00 to 2:00.

21 Hi. This is Courtney. Who just joined
22 us?

23 (No response.)

24 MS. AVERY: Maybe we lost someone.

1 MR. WAXMAN: I was going to say maybe our
2 quorum is now nine.

3 MS. AVERY: Okay. So first item for
4 discussion. I sent you a handout about the
5 legislative initiatives for the board for 2013. Does
6 everyone have it? Probably not, but it was also on
7 the website. So if you don't have it in your hand
8 right now, you can go to the website and find it.

9 Okay. I'll turn it over to Alexis.

10 MS. KENDRICK: This is Alexis.

11 We began the process that we have to go
12 through with fleshing out initiatives for the 2013
13 session. We have to go through the governor's office,
14 and the governor's office will decide if we need to
15 flesh this out with other departments. And the
16 process starts very early before we can go public with
17 any ideas.

18 So we came up with two ideas for reforming
19 long-term care issues under the board's jurisdiction:
20 So number one --

21 MS. AVERY: Hi, this is Courtney. Can you
22 mute your phone if you're not speaking because we're
23 picking up background noise.

24 Thank you.

1 MS. KENDRICK: The first idea is to
2 require long-term care facilities to come before the
3 board prior to a change of ownership and prior to a
4 discontinuation of a facility.

5 This was removed from the board's
6 jurisdiction in 2007. It was removed without
7 discussion with board or board staff. We believe that
8 this is important for -- as a public process and as --
9 also important for health care planning needs in the
10 state for these transactions to have to come back
11 before the board.

12 So we are proposing to put language back
13 into the statute to require this. It would just be
14 for facilities licensed under the Nursing Home Care
15 Act.

16 MR. WAXMAN: Alexis, this is Mike.

17 Can you detail or explain a little bit
18 more completely where these two suggestions
19 originated. Are they yours? Are they legislators?
20 Are they IDPH personnel? I mean, how did these two
21 get picked?

22 MS. KENDRICK: These were --

23 MR. WAXMAN: Since they were not -- you
24 know, they've never been discussed at any of our

1 committee meetings. So, you know, I guess you're
2 catching a lot of us off guard by proposing these two
3 items when we haven't had an opportunity to discuss
4 them at our subcommittee meetings, and I wasn't
5 aware -- and I don't know if anybody else was -- that
6 these were floating out there as issues that had to be
7 dealt with on such a quick basis. So can you help us
8 with some history or some procedures or something,
9 please.

10 MS. KENDRICK: So these are ideas from the
11 board. It was a concern --

12 MR. WAXMAN: Not this board. Not this
13 board.

14 MS. AVERY: No, not the subcommittee.

15 MR. WAXMAN: Okay.

16 MS. KENDRICK: With the -- as we like to
17 call it, the motherboard.

18 MR. WAXMAN: So these two ideas are from
19 the motherboard?

20 MS. AVERY: Indirectly. Some of the
21 issues that we've been hearing from applicants at the
22 table have to do with this, and as a result of that
23 feed --

24 And this is Courtney. Sorry.

1 As a result of that feedback that we've
2 been getting, this is how we decided or determined
3 that we can best deal with those issues.

4 MS. CREDILLE: This is Cece Credille.

5 I mean, number one, this is the first time
6 that this issue has been raised to this subcommittee
7 at all. So if it's been raised to you, it must have
8 been raised recently because we have no knowledge of
9 this.

10 MS. AVERY: Cece, this is Courtney.

11 I'm saying what we hear at the applicant
12 table. And the reason we're having this conference
13 call, as Alexis described in the beginning, there's a
14 lengthy process that we go through with the governor's
15 office before we can even start to address this and
16 get their okay with it. And one of the things that we
17 kept saying to them is that this is a proposal right
18 now. We need to talk to the subcommittee that had
19 been put in place by the task force. So that's this
20 meeting now.

21 MS. CREDILLE: Okay. Can you explain why
22 the current --

23 MS. AVERY: -- anywhere else outside of
24 the legislative process that we need to go through

1 with the governor's office.

2 MS. CREDILLE: Can you explain why the
3 current system isn't working or what problems people
4 are identifying for this to be raised?

5 MS. AVERY: Can I have Mike to address
6 that? Mike, do you feel comfortable addressing that?

7 MR. CONSTANTINO: Sure.

8 MS. AVERY: Mike Constantino. I'm sorry.

9 MR. WAXMAN: Thank you.

10 MR. CONSTANTINO: Biggest issue we see is
11 there's no lack of transparency when these -- when
12 these facilities change ownership or discontinue.
13 Public Health, where these are being processed now,
14 does not offer a public hearing for a change of
15 ownership. They also do not publicize a
16 discontinuation. That's the biggest complaint we're
17 getting regarding these issues.

18 The second complaint we get is that
19 residents of the community do not know who is taking
20 over these facilities when there's a change of
21 ownership. In the past, before this was eliminated,
22 all this was made public. And it's an attempt on the
23 part of the board to be more transparent as we're
24 required by the task force. They rewrote the language

1 in the Health Facility Planning Act.

2 The second -- the third reason, I think,
3 is in some -- in some fashion we're going to have a
4 planning function that's going to entail that these be
5 put in -- be under the jurisdiction of the board when
6 the comprehensive health planning function
7 materializes.

8 MR. PICK: This is Eli.

9 Mike, can I ask when -- so if I understand
10 what you're saying, that the information that's posted
11 on the planning board website that lists ownership and
12 actions on the part of the board, which would include
13 change of ownership -- that's what's not occurring
14 when IDPH processes a change of ownership now?

15 MR. CONSTANTINO: Yeah. IDPH does not
16 publish that, gives no opportunity for a public
17 hearing for any of that type of transaction -- a
18 change of ownership or the discontinuation of a
19 facility.

20 And under the task force's
21 recommendations, they wanted this board to be more
22 transparent.

23 MR. PICK: Okay. Thank you.

24 MR. SCAVOTTO: Yeah, this is Mike

1 Scavotto.

2 MR. CONSTANTINO: -- attempt, I think, the
3 board was trying to make to be more transparent.

4 MR. SCAVOTTO: Mike, this is Mike
5 Scavotto.

6 I had a question for you, and I think
7 you've indicated that one of the issues was that the
8 residents of the community --

9 MR. CONSTANTINO: Mike, I can't hear you.

10 MR. SCAVOTTO: Mike, I think you said that
11 the res --

12 Can you hear me now?

13 MR. CONSTANTINO: Yeah.

14 MR. SCAVOTTO: Okay. The residents of the
15 community didn't know when a facility changed hands.
16 What's "the community"? Is it the market, or is it
17 the residents in the facility?

18 MR. CONSTANTINO: Planning area, I was
19 talking about, Mike.

20 MR. SCAVOTTO: Okay. Planning area.
21 Residents at -- population at large.

22 MR. CONSTANTINO: Yeah, the market or
23 planning area.

24 MR. SCAVOTTO: Okay. All right. Thank

1 you.

2 MS. CREDILLE: But why is change of
3 ownership a planning issue when it --

4 This is Cece.

5 -- when it seems to be a licensure issue?
6 If you're just changing ownership, there's no change
7 in beds.

8 MR. CONSTANTINO: In some cases, the
9 community had some concerns about the new owners.

10 MS. AVERY: And this is Courtney.

11 I would add to that that in a -- as you
12 all know, part of our application requires the
13 background of the applicant, and that doesn't occur
14 now. There's no -- no response to the background of
15 the applicant the way it's currently handled with the
16 change of ownership.

17 MR. CONSTANTINO: And we've had some
18 issues with some of the applicants -- not necessarily
19 long-term care, but we've had some issues with the
20 background of some applicants that has caused some
21 concern here at Public Health. More than just a
22 little concern.

23 MS. KENDRICK: Right. This is Alexis.

24 Every other facility that the board has

1 jurisdiction over is required to come before the board
2 prior to a change of ownership. Whether it's a
3 hospital, an ESRD facility, an ASTC -- those
4 facilities come before the board prior to the change
5 of ownership. It gives an opportunity for the board
6 to review that applicant's background and whether
7 there's any concerns that the board should have about
8 this change of ownership prior to it happening.

9 MR. FOLEY: This is Charles Foley.

10 I'm assuming that this would be an
11 exemption, and I'm also assuming that this would be
12 performed expeditiously.

13 MS. KENDRICK: Yes.

14 MR. FOLEY: It's not going to be a long,
15 drawn-out process like it was once before where it
16 took over a year.

17 MS. AVERY: I never recall them taking
18 over a year, Chuck, unless there was something that
19 was missing from the applicant.

20 MR. FOLEY: Well, from a long, long, long
21 time ago, it did take -- I might be exaggerating
22 slightly, but it did take a hell of a long time to
23 allow the change of ownership exemptions to get
24 through.

1 MR. CONSTANTINO: No. I think what
2 Charlie is talking about, there was a change in the
3 rules in 2006 that required us to make a determination
4 whether or not applicants were financially viable.
5 And the fact of the matter is that requirement
6 required them to meet three years of -- or historical
7 ratios, and for the most part, long-term care
8 facilities could not do that.

9 MR. FOLEY: So is that still going to be a
10 requirement, Michael?

11 MR. CONSTANTINO: No, no. As Alexis
12 stated, it's going to be an exemption process similar
13 to what was in effect prior to 2006.

14 MR. FOLEY: Right. Okay. All right.

15 MR. SHEETS: Mr. Chairman, Chuck Sheets.
16 If I may.

17 MR. WAXMAN: Yes, you may. Please.

18 MR. SHEETS: Thank you.

19 I just want to correct something. I think
20 Courtney had said there's no background of applicant
21 check in the current licensure process at IDPH, and
22 that's simply not true. So I wanted to make sure that
23 everyone knew that.

24 The licensure process goes through a --

1 you know, they do a form where you have to, you know,
2 essentially sign and qualify under the licensure rules
3 in the statute. And it was rewritten to be even more
4 strict two years ago with the governor's long-term
5 care, you know, meetings that he had with the industry
6 and the rewrite of the Nursing Home Care Act. So
7 there's some pretty stiff requirements to get a
8 license now.

9 MS. AVERY: Okay. Thanks.

10 Toni, can you comment on that?

11 MS. COLON: I mean, that's correct. I
12 mean, he summarized it perfectly. We have very
13 specific protocols that the applicants must abide by.
14 I can forward you that information to disseminate to
15 all members, if you'd like, Courtney.

16 MS. AVERY: Yes. Thank you.

17 MS. COLON: I'll do that.

18 MS. AVERY: Thanks. Chuck.

19 MR. PICK: So this is Eli Pick again.

20 In effect, what we're talking about is the
21 lack of public comment period and the public notice
22 for a change of ownership. That's really the crux of
23 the issue. Is that correct?

24 MS. AVERY: Yes.

1 MR. FOLEY: Courtney, I just came back on
2 again. Charles Foley here.

3 MS. AVERY: Okay.

4 MR. FOLEY: I'm sorry. The last person
5 who was talking was Mr. Sheets, and he was explaining
6 that licensure does, in fact, have a background of
7 applicant --

8 MS. AVERY: Yes. This is Courtney.

9 And Toni Colon is going to forward that
10 information to be disseminated to the subcommittee.

11 MR. WAXMAN: This is Mike Waxman.

12 After that, Eli went and qualified that
13 the only two remaining reasons for this is really an
14 opportunity for the public to have input, and I forgot
15 the second reason. What's the second reason?

16 MR. PICK: Posting it on the website.

17 MR. WAXMAN: Posting on the website.

18 MR. DART: This is Bill Dart.

19 Also, Alexis made the point about all the
20 other facilities that are similarly regulated by the
21 board do undergo that change of ownership -- change of
22 ownership process.

23 MS. AVERY: Yes, through the exemption
24 process.

1 MR. FOLEY: That is Charles Foley.

2 And I think, in support of this, I think,
3 in all fairness, that, since this is, in fact, a
4 planning process, it does give the motherboard, you
5 know, the control, if I may use that word, I guess,
6 over the entire process.

7 So with long-term care, obviously, it's
8 not just the issuance of beds, but now they also have
9 the control of the change of ownership as well as the
10 discontinuation. If you're going to have a full
11 planning process, I think it does probably make sense
12 to have this.

13 MS. CREDILLE: This is Cece.

14 I thought part of our responsibility and
15 certainly the legislature's responsibility in Illinois
16 was to look at consolidation of responsibilities and
17 work across state agencies rather than unnecessary
18 duplication.

19 So, for example, if Toni has indicated
20 there's a background check, et cetera, there, I think
21 we have an obligation to look at -- just because it's
22 done with other agencies, doesn't mean it's the right
23 thing to do.

24 And I still would contend that this is a

1 licensing issue, not a planning issue. The beds
2 aren't moving anywhere. And if license -- if
3 licensure is able to manage the process, as they have
4 been, we should continue with licensure.

5 MR. CONSTANTINO: Discontinuation is a
6 planning function because those beds are being taken
7 out of service.

8 MS. CREDILLE: I'm talking about --

9 UNIDENTIFIED: Change of ownership is not.

10 MS. CREDILLE: Change of ownership is not?

11 MR. CONSTANTINO: However, the change of
12 ownerships have caused issues with the public, and
13 they have not -- we get calls here all the time about
14 certain applicants taking control of these facilities
15 when the public has no knowledge of that. They are
16 not supposed to have any knowledge of these
17 transactions going on in their area? Public health
18 doesn't provide that right now.

19 MR. FOLEY: If I may, this is Charles
20 Foley again.

21 I think it also gives the board, I guess,
22 some ammunition as well in terms of maintaining an
23 accurate inventory, if that's part of their
24 responsibility, and making sure -- making sure that

1 these change of ownerships does not change the number
2 of beds up or down.

3 MR. CONSTANTINO: Yeah. We constantly
4 hear our bed numbers aren't right. We've got to rely
5 on IDPH to tell us when those beds are discontinued.
6 That takes time for that information to get down here.

7 MR. WAXMAN: So this Mike Waxman.

8 Just out of curiosity, what would happen
9 if IDPH says yes, and the planning board says no?
10 Then what happens?

11 UNIDENTIFIED: That would be a "no";
12 right? I mean --

13 MR. CONSTANTINO: Would be a "no," yeah.

14 UNIDENTIFIED: That's the same as what's
15 currently used for new facilities.

16 MR. FOLEY: Are you talking about change
17 of ownership or discontinuation, Mr. Waxman?

18 I'm sorry. This is Charles Foley.

19 MR. WAXMAN: Either. I guess I'm trying
20 to figure out, if there's a disagreement between the
21 two organizations --

22 MR. CONSTANTINO: No, no.

23 MR. WAXMAN: -- then do we have to go into
24 secret huddle and negotiate who's right and who's

1 wrong?

2 MR. CONSTANTINO: No. Under the way the
3 statute reads is once CON approves it, it goes to
4 licensure. Licensure wouldn't be able to move until
5 CON approved it.

6 MR. WAXMAN: Okay.

7 MR. LOWITZKI: Really that's no different
8 than what happens for new facilities. You need to get
9 approval by both entities.

10 MS. AVERY: Is that Matt?

11 MR. LOWITZKI: This is Dave. No. It's
12 Dave. Nice to meet you.

13 MS. AVERY: Hi, Dave.

14 MR. CONSTANTINO: Yeah. Once you approve
15 establishment of a new facility, that information goes
16 to licensure for their review and whatever standards
17 they're -- or whatever review they're required to
18 make. Yeah, CON is the first step.

19 MR. WAXMAN: So the CON is not the final
20 step then?

21 MR. CONSTANTINO: No. It's the first
22 step.

23 MR. WAXMAN: Okay.

24 MR. SHEETS: Mr. Waxman, Chuck Sheets

1 again.

2 Just to clarify, the --

3 MR. WAXMAN: Please.

4 MR. SHEETS: The information that IDPH
5 keeps on licensure is public, but you have to seek it
6 out and go look at it after the fact. And I think
7 what some people have, you know, brought to your
8 attention is that they want it publicized beforehand.

9 And then the second -- the second issue
10 that I'd like to point out is that all this
11 information that's available on the website and how
12 licensure works in general -- I mean, there's got to
13 be an easier way to make that public ahead of time and
14 let us all -- you know. In my opinion, I think the
15 industry would resist this as a step backwards in
16 terms of -- you know, if you just want transparency,
17 there's another way to do it.

18 MR. SULLIVAN: This is Terry Sullivan.
19 First of all --

20 MR. WAXMAN: Wait a minute. Terry, hold
21 on a second.

22 Mr. Sheets, would you like to continue
23 that thought process?

24 MR. SHEETS: Sure. I mean, I think -- I

1 think we've already established or hopefully everybody
2 agrees that there is a pretty substantive review that
3 IDPH does, and then the issue becomes one of does the
4 public have a right to know. Under the current
5 statute, the board itself is supposed to be notified
6 ahead of time and --

7 MR. CONSTANTINO: And that hardly ever
8 happens.

9 MR. SHEETS: Yeah, I don't know if that
10 notification is going on, but the statute requires it
11 right now. So that notice should be fleshed out, and
12 then the board could adjust its inventory on a
13 discontinuation or whatever. You know, it should have
14 plenty of time to do that if the statute works the way
15 it's designed now.

16 So then it seems like the only issue
17 that's remaining is giving the community some notice
18 before it happens. And, you know, Public Health
19 requires, I think, at least 30 days to review the
20 licensure application. So there's plenty of
21 opportunity, I think, to post that information ahead
22 of time.

23 MR. SULLIVAN: This is Terry Sullivan.

24 MR. WAXMAN: Thank you.

1 Terry, go ahead.

2 MR. SULLIVAN: Continuing with what Chuck
3 said, Public Health requires -- first, discontinuation
4 of facilities, Public Health requires a 90-day notice.
5 The federal government requires a 60-day notice as
6 well as notice to all residents, families, and
7 physicians of a community.

8 Excuse me. There's an awful lot of
9 background noise if somebody could mute.

10 MR. CONSTANTINO: I cannot hear you, Mr.
11 Sullivan.

12 MR. SULLIVAN: Okay. In any case, there's
13 an awful lot of notice that goes out on
14 discontinuation, and generally it is a matter that is
15 in most newspapers why a facility is closing. And so
16 that process is already pretty transparent and open
17 under existing regulations, both federal and state.
18 You know, having a like or duplicatory process, during
19 generally a terribly traumatic time for everyone
20 involved, just seems like extra bureaucratic
21 involvement. And then --

22 MR. FOLEY: Terry, this is Charles Foley.
23 Does that process also include an
24 opportunity for the community to comment on the

1 closure?

2 MR. CONSTANTINO: It does not.

3 MR. SULLIVAN: No, it doesn't. No, it
4 doesn't and -- except for veterans homes where there
5 can -- there is a public comment period on veterans
6 homes in terms of closing.

7 And then, you know, this is something that
8 I'm not happy to say, but laws don't get changed
9 because everything is running smoothly. Mr. Foley
10 alluded to it. There was considerable backup and
11 delay under previous administrations at the planning
12 board for simple paperwork change of ownership stuff
13 that did sit around, not get dealt with --

14 MR. CONSTANTINO: I disagree with that,
15 Terry. That wasn't the case before September of 2006.

16 MS. AVERY: And I strongly agree with
17 that, Terry. Being a board member -- a past board
18 member and now the administrator, I can't recall when
19 we had tremendous backup.

20 MR. CONSTANTINO: Not on those change of
21 ownerships. Once we got the change of ownerships in
22 here, if everything was there, we published the
23 notice, gave an opportunity for a public hearing. It
24 was all open and before the public, and it was sent to

1 the chairman for approval.

2 MR. LOWITZKI: This is Dave.

3 I think it's a bit disingenuous too to say
4 that the problem was because it wasn't running
5 smoothly. I'm pretty sure that the industry would
6 still oppose this even if there was a guarantee that
7 this would be smooth as possible.

8 MR. SHEETS: Chuck Sheets again.

9 I have to -- I have to disagree with that
10 because I think, Mike, you're talking about a time
11 frame before 2006, but I think what Terry is talking
12 about is a time frame after that. And there was a
13 time when the board demanded an entire CON application
14 be filed for changes of ownership.

15 MR. CONSTANTINO: Yeah, after the rules
16 changed, that's correct.

17 MR. SHEETS: Right. And that's, I think,
18 what sort of speared this legislation in the first
19 place.

20 MR. CONSTANTINO: After the rules changed,
21 yes, that's correct.

22 But what we're saying now we're going to
23 go back to the exemption process that was in place
24 prior to that, prior to the rule change in 2006.

1 MR. FOLEY: This is Charles Foley again.
2 Would this also require an application
3 fee?

4 MR. CONSTANTINO: Of course it would, yes.
5 We're going to do a public notice. Public notices
6 cost a couple thousand dollars anymore.

7 MR. PICK: Mr. Chair, this is Eli Pick.
8 If I may speak.

9 I think, as a way to expedite this, I had
10 a conversation after our last planning call with HCCI
11 about the proposed change to the change of ownership
12 and discontinuation, and that was the first they had
13 heard about it.

14 And, you know, I think one of the ways to
15 help expedite this conversation is for some proposed
16 language or however the board is envisioning this to
17 occur be circulated among the association
18 administrative offices so that there's an opportunity
19 to have some discussion and dialogue.

20 And while there's feedback being sought
21 out from the subcommittee, I think that the full --
22 the full committee and the subcommittee, along with
23 the sponsoring organizations, need to have some
24 language to review and to provide input as an

1 opportunity to move this process forward.

2 Because I -- my sense is that this is not
3 a dialogue. It's a debate about what did happen, what
4 didn't happen, when did it happen, and how it
5 happened. We're not going to resolve anything this
6 way.

7 I think the more productive approach would
8 be for some draft language to be circulated, an
9 opportunity to be responded to, because I would agree
10 with other callers' comments -- the associations are
11 going to be vehemently against any kind of language
12 that talks about restoring the board's sovereign over
13 change of ownership and discontinuation.

14 MS. AVERY: And, Eli, this is Courtney.

15 The first step, in all due respect to the
16 work of the subcommittee, is starting now. The first
17 step was to talk to you and Mr. Waxman as the chair
18 and the co-chair.

19 MR. PICK: Right.

20 MS. AVERY: And this was the second step.

21 The language will be drafted once we determine how
22 we're going to proceed, and then we'll start
23 circulating this. But it should not have gone to HCCI
24 now for an additional conversation until we got

1 through our own internal process.

2 MR. PICK: Okay.

3 MS. AVERY: That's why it should have not
4 taken place.

5 MR. PICK: Okay.

6 MR. SULLIVAN: Courtney, this is Terry
7 Sullivan.

8 Do you want a motion about (phone noise)
9 subcommittee?

10 MR. LOWITZKI: Well, can I actually ask a
11 process question? But what is the role of the
12 committee on this issue? Does the committee have to
13 approve this legislation for it to move forward?

14 MS. AVERY: We don't have legislation yet.

15 MR. LOWITZKI: But does the committee have
16 to make a motion to approve this concept or, when the
17 legislation is drafted, the language for it to move
18 forward, or will the -- and will the board move it
19 regardless of what the subcommittee does?

20 MS. AVERY: Yes. We wouldn't want to
21 do it that way, but, yes, because at the end of the
22 day -- I'm just not understanding, as a resident of
23 the State of Illinois, why this would be such a big
24 issue with providers if we can work out any kinks that

1 they identify with going through this process, which
2 is what we would (phone noise) talk to providers how
3 this will have an effect on them and --

4 UNIDENTIFIED: And -- and --

5 MS. AVERY: -- that this went through
6 without talking to the board years ago.

7 MR. LOWITZKI: Yeah. It should be clear I
8 agree with you. I was just trying to understand the
9 process and role the subcommittee played in terms of
10 how this moves forward.

11 MR. WAXMAN: Courtney, this is Mike.

12 I think what you may be hearing is a
13 little bit of reluctance based upon the fact that
14 no one had any warning that this was going to come
15 down -- you know, that this was going to be such a
16 hurried-up process when the subcommittee has moved in
17 a very timely due process of everything we've talked
18 about, and now, in one telephone call, you're asking
19 for us to make some major decisions. And I think it's
20 uncomfortable for some of us to process this quickly
21 without having something to process.

22 MS. AVERY: We're not trying to push it
23 through in a hurry. But there is a process that we
24 have to meet deadlines with the governor's office to

1 see how we want to proceed with this. And whatever we
2 come up with, there's still opportunity for amendment,
3 there's still opportunity for feedback, but we have to
4 get it started in order to meet those deadlines. It's
5 not a hurry --

6 MR. FOLEY: Courtney, this is Charles.

7 So there will be a public hearing process
8 for these proposed rule changes.

9 MS. AVERY: There will be opportunities to
10 speak at the committee hearings or people to give
11 feedback on them, and if it effects a rule change,
12 most definitely.

13 MR. FOLEY: Thank you.

14 MR. WAXMAN: So, Courtney, explain what
15 you are looking for out of this conference call on
16 this issue.

17 MS. AVERY: What we're looking for was
18 some feedback on how to proceed with this and to start
19 the process. Like, I think it was Eli that mentioned
20 about the language. I don't want language floating
21 out there, and we have not talked to the subcommittee
22 about even starting the process.

23 MR. SULLIVAN: This is Terry Sullivan.

24 Would you like a motion as to the sense of

1 the committee or recommendations to the board on this
2 first issue?

3 MS. AVERY: Hold on one second.

4 Okay. Yes. We could take the
5 recommendation to the board that comes out of this
6 conference call.

7 MR. SULLIVAN: This is Terry Sullivan.

8 I make the motion that on this first issue
9 regarding the sale of beds that it's a duplicatory
10 process that does not need to be included in the
11 board's procedures.

12 MS. AVERY: Repeat that, please.

13 MR. SULLIVAN: I'm sorry?

14 MS. AVERY: I didn't get all that you
15 said.

16 MR. SULLIVAN: This is Terry Sullivan.

17 I make a motion that this first procedure
18 regarding sale of ownership is a duplicatory process
19 that does not need to be included in the board's
20 procedures.

21 MS. AVERY: Oh, you mean the change of
22 ownership for exemption.

23 MR. SULLIVAN: Yes.

24 MS. AVERY: Okay.

1 MS. KENDRICK: So a "Yea" vote would be
2 that we don't move forward, and a "No" vote would be
3 that we do move forward.

4 MS. AVERY: That we move forward with
5 taking it -- we will have to take it to the board
6 anyway.

7 UNIDENTIFIED: This would be a
8 recommendation from the committee.

9 MS. AVERY: And with the understanding
10 that, once we give the board the feedback or the
11 consensus on a recommendation, they can override it.

12 UNIDENTIFIED: Yes.

13 MS. AVERY: Okay.

14 MR. SCAVOTTO: This is Mike Scavotto. I
15 want to ask a question.

16 UNIDENTIFIED: Well, wait. There needs to
17 a second on the -- there's a motion on the floor.

18 MR. SCAVOTTO: Well, can I ask a question
19 about that? It's really a point of order and --

20 MR. WAXMAN: Frank, I think we need a
21 second first before we can do a question; right?

22 MR. URSO: That's correct.

23 This is Frank Urso.

24 MR. WAXMAN: Does anybody wish to second

1 Terry's motion?

2 MR. PICK: This is Eli.

3 I'll second his motion.

4 MR. WAXMAN: Okay. So we have a motion
5 and a second. Now we can take questions. Mike
6 Scavotto, please.

7 MR. SCAVOTTO: Well, my memory isn't what
8 it used to be, but, Terry, what is your status? Are
9 you still on the committee, and are you in a position
10 to make a motion?

11 MR. SULLIVAN: Yes, I am on the committee.

12 MR. WAXMAN: Yeah, Terry is a member of
13 the committee.

14 MR. SCAVOTTO: I thought he resigned.

15 MS. AVERY: No. We had a -- I think we
16 gave you an update couple meetings ago. There was a
17 question about Terry's status as a lobbyist.

18 MR. URSO: Terry can put a motion on the
19 table.

20 This is Frank Urso.

21 But he cannot vote on it.

22 MS. AVERY: Right.

23 MR. SCAVOTTO: Okay. All right. Thank
24 you.

1 MR. SULLIVAN: Even if I am no longer a
2 lobbyist?

3 MS. AVERY: Oh, that's --

4 MR. URSO: You need to update us about
5 that, Terry.

6 MR. SULLIVAN: I'm informing you that I'm
7 no longer a lobbyist.

8 MR. FOLEY: This is Charles Foley.

9 Can I ask a question?

10 MR. WAXMAN: Go ahead, Chuck.

11 MR. FOLEY: Really just a point of
12 clarification. Terry Sullivan and Cece, are we seeing
13 that the remaining concern here is because it's going
14 to require the opportunity for a public hearing? Is
15 that what the main concern is? Or is it basically
16 just another process that somebody has to go through?

17 I guess I'm trying to get a clear
18 understanding why we are really objecting for the
19 board to go through a change of ownership exemption if
20 this could be done expeditiously. All we want to know
21 is who the players and actors are going to be -- the
22 existing and the new -- so all the records could be
23 changed, make sure that the number of beds is not
24 being changed, and what is the estimated acquisition

1 cost. I'm assuming that's all primarily what's going
2 to be on the acceptable form. So, again, I guess what
3 is our concern with that?

4 MR. SULLIVAN: All of this information is
5 being collected by the Illinois Department of Public
6 Health through the licensure review process, along
7 with fees. This is an extra, duplicatory process
8 that's repeating what's already going on. And, yes,
9 why in this day and age do we need extra duplication
10 of government functions?

11 MS. MITZEN: This is Phyllis.

12 But evidently it's not working. Evidently
13 there are problems with transparency. And I'm
14 wondering why we don't -- as Courtney said, why we
15 don't allow this process to continue and have it out
16 in the open and have public comment on this. See the
17 language that they're proposing and then have public
18 comment. Seems to me that that would be -- that would
19 make sense coming from this committee.

20 MS. CREDILLE: Well, this is Cece.

21 In all due respect, in looking at
22 transparency, for a subcommittee that has existed for
23 three years and we're informed of this, number one, in
24 an e-mail that says we need to be on a conference call

1 and being asked to make a decision is not transparent
2 at all.

3 And I am -- I agree with Terry Sullivan.
4 It is duplicative. It happens already. And on the
5 discontinuation piece -- (phone noise) separate things
6 here. On the discontinuation piece, to my knowledge,
7 other states do not operate where a board is reviewing
8 discontinuation of a facility.

9 MS. AVERY: This is Courtney again.

10 (Phone noise.)

11 MS. AVERY: Can everyone hear?

12 COURT REPORTER: No.

13 UNIDENTIFIED: No.

14 UNIDENTIFIED: Who's trying to speak?

15 MS. AVERY: I'm not sure because we
16 haven't looked at those other states, Cece, and that's
17 something that we probably could do -- if there are
18 problems that were encountered with doing so. If they
19 had it at one time -- jurisdiction over exemptions --
20 and they reversed back, and what was the repercussions
21 of that.

22 But I can tell you here we're getting a
23 lot of feedback in Illinois that nursing home
24 facilities are changing hands more frequently than

1 they would if they were under the jurisdiction of the
2 board. And that's no problem.

3 MS. CREDILLE: This is Cece.

4 Can I give an example, please, of
5 discontinuation in the simplest of forms?

6 MS. AVERY: Sure.

7 MS. CREDILLE: If Eli was selling his
8 nursing -- Eli Pick was selling his nursing facility
9 because he was having financial issues and poor survey
10 issues, whatever they were, and he really wanted to
11 sell his building and make a change, and I, Cece
12 Credille, as an independent owner, was going to
13 purchase that facility. We go through this process,
14 but the board doesn't think that I'm a qualified
15 candidate at all.

16 So, meanwhile, Eli's facility continues to
17 erode financially and/or from a survey perspective.
18 Time has passed -- I don't know how many months it
19 would be -- and now he needs to go find someone else.

20 Meanwhile, his facility isn't operating
21 well, and he's continuing to have financial
22 difficulties. Probably at this point most of the
23 residents and/or families have moved, and the board is
24 trying to direct him on who he should be selling to.

1 So I don't understand that process at all.

2 MS. AVERY: The board (phone noise) but
3 the board also does an in-depth analysis on the
4 financial state (phone noise) whatever word I'm trying
5 to use.

6 COURT REPORTER: Courtney, I can't
7 understand you. There's an echo or something.

8 MS. AVERY: Yeah, we're getting a lot of
9 feedback, and that's why I'm mixed because I can hear
10 myself talking, and I'm not sure why.

11 COURT REPORTER: Yeah, I'm hearing the
12 same thing.

13 MR. WAXMAN: Courtney, let me ask you: Is
14 there a reason why this issue and the other issue
15 can't be handled when we have our face-to-face meeting
16 on the 19th?

17 MS. AVERY: Because of the deadline to
18 introduce the legislation and in order to get it in
19 the bill. Right now we have just the shell bill, and
20 we can add the language. There are deadlines for
21 this.

22 And by all means, if it doesn't make it,
23 then we'll go back to the drawing board and figure out
24 how to do so. But right now this gives us a start,

1 and it also brings everybody to the table outside of
2 this subcommittee to give comment and see where we
3 are. I mean, we're not saying that this is going to
4 be a rubber stamp. If there's legitimate reasons why
5 the legislature does not want this to happen, besides
6 pressure from lobbying groups, then it won't happen.

7 MS. KENDRICK: And may I also add we had
8 to share this information with other agencies
9 internally. That's why this was shared with IFA. I
10 would have loved to brought this to the subcommittee
11 earlier, but we were waiting on the governor's
12 approval, but other agencies in the state were okay
13 with this idea. So we had to flesh this out
14 internally within the internals of the state before we
15 could come forward with this with you; so --

16 And IFA has given us a very -- great
17 feedback on the second topic that we discussed, but, I
18 mean, I want to say that we're trying to get
19 background information on this. We're trying to, you
20 know, come to you with the best information we can,
21 and this was the earliest we could come to you. But
22 because -- because both of these things would require
23 statutory change, that's why we have to go through
24 this process.

1 MR. SCAVOTTO: This is Mike Scavotto.

2 I just -- I'm having a difficult time with
3 this. I heard Chuck Sheets speak, and I heard Mike
4 Constantino speak, and they're both on opposite sides
5 of this. Both are truthful individuals. It strikes
6 me that they may not have enough factual information
7 involved. And we're hearing from the staff that this
8 is a problem, and I'd like to know to what extent.

9 Does it happen 20 percent of the time? 80 percent of
10 the time? How big a problem are we talking about?

11 MS. AVERY: Are you talking about the
12 frequency at which these facilities are changed?

13 MR. SCAVOTTO: Yes. Yes.

14 MS. AVERY: Toni, do you all track that by
15 facility?

16 MS. COLON: The changes? Yes, that's all
17 tracked in our database.

18 MS. AVERY: Well, we'll have to get that.

19 MR. WAXMAN: You know, and I think,
20 Courtney --

21 Again, this is Mike.

22 I think, you know, that's probably what a
23 lot of the committee's feeling is -- that we're being
24 rushed, and we don't have enough information to

1 understand the reason to move so quickly on these
2 issues without enough information to make a valid
3 decision or a good decision or an appropriate
4 decision. And I know you keep saying that, regardless
5 of what we decide to do in the subcommittee, the
6 motherboard can do what it wants and then we may have
7 an opportunity to amend it. That just seems like a
8 lot of extra work, in my mind.

9 You know, it just seems like we should
10 have been given more time to at least think about the
11 process, and even though you're saying that you're on
12 a time frame, I have to believe that staff had these
13 thoughts in their mind long before the day you called
14 Eli and I, and that, you know, we could have had a
15 little more time to think about this as a whole
16 committee than just a hurry-up conference call looking
17 for some action. This isn't --

18 MS. AVERY: Well, that wasn't done
19 intentionally. That was not done intentionally. We
20 looked at the calendar --

21 MR. WAXMAN: Well, whether it was done
22 intentionally or not --

23 MS. AVERY: No. Let me finish, please.

24 We looked at the calendar. We didn't all

1 come together until the 19th. Then we had this
2 deadline from the legislature that would not allow us
3 to wait until the 19th. So I said let's try and get
4 together with a conference call but check with
5 Mr. Waxman and Mr. Pick first.

6 MR. WAXMAN: And, you know, Eli and I are
7 fine with you sending this out, but I'm not sure that
8 we were under the impression that you needed an exact
9 decision and an answer to move forward from this
10 conversation.

11 We thought you just wanted to put it
12 out there as information for the whole committee to
13 hear -- and, Eli, correct me if I'm wrong -- that we
14 put -- you know, we were going to put it out there for
15 the whole committee to think about and make some
16 decisions based upon solid information on the
17 background of this discussion.

18 Eli, am I wrong? Did I hear it wrong?

19 MR. PICK: One modification: I think that
20 Courtney was very clear that they wanted -- they
21 needed a decision on this conference call in order to
22 move some legislation through. So I think with that
23 exception, I -- I concur with you. But, you know, I
24 did understand that the staff felt that they needed

1 the subcommittee on the conference call to make a
2 decision regarding this legislation so it can be moved
3 to the next level.

4 And I will add that I'm all for public
5 disclosure and giving consumers an opportunity to get
6 information that they need, but I'm against making --
7 taking action under that moniker without having the
8 time to really talk through and work through the
9 process so all parties have an opportunity to provide
10 input and that we end up with the best solution to a
11 concrete problem.

12 MR. WAXMAN: Okay. I stand corrected on
13 the comment I made about the speed at which you need
14 an answer.

15 But I think Eli has again put into words
16 what a lot of the committee is thinking.

17 MS. AVERY: So Mr. Waxman and Pick, should
18 we -- are you sensing that they need more time as the
19 whole committee, even though we have the quorum here,
20 that we can do it on the 19th, and then Alexis can do
21 some research to figure out if we can meet other
22 deadlines, like, introducing it in a House bill?

23 UNIDENTIFIED: (Phone noise) a bill you
24 have an additional a week.

1 MS. AVERY: That's only a week, you said?

2 UNIDENTIFIED: The House deadline for
3 introduction isn't until the 26th of February. So
4 you've missed the Senate deadline, but you still have
5 the House deadline.

6 MS. AVERY: Still have the shell bill out
7 there also.

8 MR. URSO: Mr. Chairperson, this is Frank
9 Urso.

10 You have a motion on the table. So you
11 either need to move it --

12 MR. WAXMAN: You're correct, Frank.

13 MR. URSO: -- or you need to have it
14 withdrawn. Some action needs to be taken on a motion
15 that was seconded.

16 MR. WAXMAN: Frank, you're absolutely
17 correct.

18 I guess my first question is, Terry, would
19 you withdraw your motion, or would you prefer a vote
20 taken on the motion?

21 MR. SULLIVAN: Mr. Chairman, what would
22 you like me to do?

23 MR. PICK: Mr. Chairman, this is Eli.

24 As the seconder of the motion, can I

1 suggest that we table? Not withdraw but table the
2 motion until we have an opportunity to get together on
3 the 19th to fully discuss this motion and then take
4 action?

5 MR. WAXMAN: I fully support that.

6 MR. SULLIVAN: I can table until the 19th.

7 MR. WAXMAN: Frank, does that require a
8 vote?

9 MR. URSO: No. The motionee and the
10 seconder have pulled back the motion and are not
11 calling for a vote right now.

12 MR. SULLIVAN: That's correct.

13 MS. AVERY: So we don't -- so we don't
14 need a --

15 MR. URSO: No. He's tabling his motion.
16 So the author of the motion is now tabling it.

17 MR. WAXMAN: So what we are requesting is
18 staff to give us some more data and information either
19 on the 19th at the meeting or prior to so then we can
20 discuss this face to face without telephone
21 interruptions as well as, you know, being able to
22 speak to counsel and the staff all in the same place
23 at the same time.

24 MS. MITZEN: This is Phyllis Mitzen.

1 Will there be a phone-in option for that
2 meeting on the 19th?

3 MR. WAXMAN: Courtney, do we --

4 MS. AVERY: Phyllis, I will have to check
5 with the site.

6 MS. MITZEN: Okay.

7 MS. AVERY: And let you know like we did
8 before, but it was a little cumbersome before trying
9 to get --

10 MS. MITZEN: Yeah, I know.

11 MS. AVERY: I'll see if there's another
12 option.

13 MS. MITZEN: Okay.

14 UNIDENTIFIED: Phyllis, can you have a
15 proxy that you can designate --

16 MS. MITZEN: I -- thank you. I may do
17 that if I'm not able to attend. I'm going to be out
18 of town that day. But I will see if I can get a proxy
19 if there's no other option. Thank you.

20 MR. WAXMAN: Thank you, Phyllis.

21 MS. MITZEN: Thanks. All right. I have
22 to leave the call now. Thank you.

23 MR. WAXMAN: Thanks for joining us,
24 Phyllis. Thank you.

1 MR. FLORINA: Mr. Chairman, John Florina.

2 I have a comment.

3 MR. WAXMAN: Please.

4 MR. FLORINA: Would it make sense to
5 circulate the prior language that's no longer in
6 existence that covers the reporting and change of
7 ownerships in the past that we're debating here?

8 MR. WAXMAN: Are you referring to what
9 Mike Constantino is talking about prior to 2006 that
10 they're going to go back to?

11 MR. FLORINA: Well, that's what it sounds
12 like the direction is, and if we see that language, it
13 might be easier to have a basis for the discussion.

14 MR. WAXMAN: I totally agree with you.

15 MR. CONSTANTINO: I can get that for you,
16 Mike.

17 MS. AVERY: We'll send it with the prior
18 (phone noise) proposed.

19 MR. WAXMAN: I mean, if -- if -- Mike, if
20 what you're saying is that we're going to go back to
21 what was in place on a specific date in 2006, then I
22 think we (phone noise) to read that. Yeah, I fully
23 support that concept.

24 MS. AVERY: So Mr. Waxman will send out

1 the language as it was at that time. And do you want
2 the proposed language?

3 MR. WAXMAN: Yes.

4 MS. AVERY: Okay.

5 MR. WAXMAN: I mean, the more information
6 we can have prior to the 19th, the better equipped
7 we'd be to make a decision on the 19th.

8 MS. AVERY: Okay.

9 MR. WAXMAN: And then I think we won't
10 have this "I'm not sure I know what I should know or
11 have all the information I need," and, you know, then
12 I think all of us have to make sure that we read what
13 we need to read.

14 You know, then it's on the staff -- you
15 know, then it's on committee members to come to that
16 meeting prepared, and we have the background
17 information, and then we'll be in a position to make a
18 decision.

19 MS. AVERY: Okay.

20 MS. CREDILLE: This is Cece.

21 Are we going to discuss number two, or are
22 we only concentrating on number one today?

23 MS. AVERY: Well, I was just about to ask
24 if we wanted to go to that. We scheduled for an hour,

1 but, of course, we're here. Oh, no, we scheduled for
2 two hours, 3:00 to 5:00. So, yes, if that's okay with
3 Mike. Is that okay with you, Mr. Waxman?

4 MR. WAXMAN: I'm -- you know, I'm fine
5 that we discuss it. I have a sense it's going to end
6 up in the same position.

7 But, Courtney, feel free to explain what
8 you're looking for or what the issue is.

9 MS. AVERY: I'm going to put Alexis on.

10 MS. KENDRICK: Okay. So this is the
11 second of our reforms that we've discussed with the
12 governor's office and with other agencies in the
13 state, and we've gotten their approval on the topic,
14 but, obviously, the details are -- are where the --
15 maybe some concern lies from IDPH.

16 So in order to address the issue of
17 overbedding in the state, we would look historically
18 at the utilization rates of nursing homes in the State
19 of Illinois -- hypothetically look back two years --
20 and any facility that's operating under 90 percent
21 utilization, licenses would be removed until that --
22 to the point where that facility is operating at 90
23 percent.

24 Now, we received feedback from IFA. They

1 are a board similar to the Health Facilities and
 2 Services Review Board, but they grant approval for
 3 bonds to be issued for health care facilities and
 4 others projects in the state. I believe 70 percent of
 5 what they do is health care facilities, and they don't
 6 do generally private nursing homes (phone noise)
 7 feedback that there would be concern that looking at
 8 licenses -- looking at the utilization rate of
 9 facilities (inaudible) CCRCs would kind of unfairly
 10 impact CCRCs based on how their business model is
 11 because residents come into the facility at one stage.
 12 There would be another utilization in other -- in the
 13 skilled nursing part of the facility. So we
 14 definitely -- we appreciated their feedback from them
 15 about that (phone noise) is in CCRCs. That is
 16 definitely something we would want to take into
 17 consideration -- that their utilization rates might be
 18 skewed a bit.

19 So I will open that up for discussion. I
 20 know it's -- I believe hypothetically this will create
 21 a lot of discussion.

22 MR. WAXMAN: Anyone wish to start the
 23 discussion?

24 MS. KENDRICK: I would also say that this

1 would be a one-time event -- is the way that it's been
2 kind of presented so far -- as a way of adjusting the
3 inventory to correct it, and that's how we would kind
4 of move forward -- based on the data that we receive
5 annually from the facility questionnaires.

6 MR. WAXMAN: Again, this is Mike Waxman.

7 Again, I'm feeling this is even a much
8 bigger issue than the first one, and I think we're
9 going to be looking for some data and background.

10 MS. AVERY: And, once again, this was not
11 an idea from staff nor the board. This idea came from
12 feedback that we've been receiving formally and
13 informally from long-term care facilities about the
14 over-bedding in Illinois and how to correct it.
15 Because projects can't get through because of that,
16 and there's been accusations that facilities are
17 holding onto beds, that's why they're not at the
18 utilization rate of 90 percent in accordance with the
19 state.

20 So this is not an idea that the board came
21 up with. It's a reaction to what we're hearing at the
22 applicant's table when facilities come before us.

23 MS. CREDILLE: This is Cece.

24 The work of our committee has been looking

1 at bed -- a bed redistribution methodology related to
2 buying and selling.

3 So my question is -- because I was on
4 the -- thinking for just a moment. Let me look at the
5 dates. I was on a conference call related to the
6 proposal that you brought up to our sub -- at the very
7 end of our subcommittee in October that we needed to
8 look at an RFP per the recommendation of the staffers,
9 and so we've been working on an RFP.

10 So on 12-11 we had a subcommittee
11 subcommittee to talk about development of the RFP.

12 On, then, January 9th I participated in
13 another call, and it was to discuss the status of the
14 RFP, to look at the methodology of buying and selling
15 as a method of redistribution of beds in Illinois.
16 And I believe it was Bill Dart indicated to us that
17 the RFP process was not going to be workable because
18 it was going to take too much time and it was costly.
19 So the suggestion was made that we work through
20 universities in Illinois to look at essentially the
21 same information that was in the RFPs that was
22 suggested.

23 And after January 9th, then, we're waiting
24 for a letter to be drafted to -- then to the

1 universities here in Illinois. I have yet to see that
2 letter. I don't think Eli has seen that letter or
3 Terry Sullivan, and we've been the three folks from
4 the subcommittee on this task and charge, but what we
5 have instead is this proposed legislation.

6 So I guess my question is anybody really
7 working on that other piece for us, or is this in
8 place of that?

9 MS. AVERY: This is Courtney.

10 No, it is not in place of that, and, yes,
11 it is being worked on.

12 And I think -- my understanding was that
13 working with the universities will be less cumbersome.
14 Other than putting out an RFP, I'm not sure why it was
15 presented as less costly because we don't have an
16 estimate of cost yet.

17 And these are two separate issues, and I
18 kind of predicted that people would -- facilities
19 would want to hold onto those beds in case there is an
20 opportunity for a bed exchange in the program.

21 So, ideally, I don't think it's replacing
22 one or the other, but there may be less of an
23 opportunity to sell beds if you don't have beds eating
24 up the inventory.

1 But the letter, we are working on. I need
2 to follow up with Claire on the status of it.

3 COURT REPORTER: I'm hearing somebody in
4 the background. Could you mute your phone, please.

5 MR. SULLIVAN: This is Terry Sullivan.

6 And, you know, I've been with the
7 subcommittee and attending meetings since the
8 beginning. This has almost been a three-year process
9 now, and we have talked about many long-term care
10 priorities from everybody's perspective. And I know
11 this particular issue came up a few times in passing
12 but certainly was never a committee priority.

13 We've been talking about bed relocation
14 and bed redistribution for over two years, with the
15 committee wanting to go very slow and deliberately and
16 wanting more studies so that we know what the impact
17 of it is, and that is a minor program compared with
18 what this suggestion is going to be. Where are the
19 impact studies? What's the deliberative process on
20 this thing? We've been talking about doing something
21 surgical with the bed relocation program. This is a
22 lot like taking a meat cleaver to the entire system.

23 And a year ago we had bed re -- bed
24 occupancy studies that the planning board has done,

1 and it was obvious that at various times during the
 2 year facilities may be anywhere from 80 to 90 percent
 3 -- 95 percent occupied depending on peak times, the
 4 average time, and whatever, and facilities are above
 5 90 percent. And now we're just take -- just
 6 surgically going in, chopping off at 90 percent, when,
 7 in fact, facilities at various times of the year are
 8 above 90 percent.

9 So we're going to have problems that we
 10 don't even know what we're talking about here. I
 11 think this is an incredibility idealistic approach to
 12 taking away providers' equity on beds that are not
 13 costing the state any money right now. This is not --
 14 you know, is there over-bedding? Yes. But are those
 15 empty beds costing the state money? No. But you take
 16 those beds away, you make a -- as an example, a
 17 provider who's having some difficulty already, you
 18 make it even more difficult for him to go to the bank
 19 and get equity. You make it even more difficult for
 20 him to sell his facility because you've just taken
 21 away an unknown part of his equity. And, you know,
 22 it's sort of like telling somebody who's overweight,
 23 well, here -- you know, I know you want to lose
 24 weight. Here, we'll chop off your leg. How's that?

1 You've lost weight now.

2 This is a draconian way of addressing an
3 issue that this committee has not identified as a
4 priority, and, you know, I -- I -- I think this is the
5 wrong approach, and I think we've been, as a
6 committee, attempting to deal with it in a much more
7 rational way. This is not.

8 MS. CREDILLE: This is Cece.

9 I agree with Terry.

10 And additionally what concerns me is,
11 under the current -- and I know nobody wants to talk
12 about bed need formula, but under the current bed need
13 formula, it identifies bed need. If all of these
14 beds, how many ever they may be at any given time, are
15 taken out of the system, the bed need -- the current
16 bed need formula will demonstrate even more of a bed
17 need in Illinois, which I think we've all identified
18 that Illinois is already over-bedded, and then these
19 will be beds that would be a cost to the State of
20 Illinois. And so it's counter-intuitive unless
21 something would happen with the bed need formula. So
22 it doesn't -- it doesn't address the overall issue on
23 multiple fronts.

24 MR. PICK: Well, this is Eli.

1 If I may, there's another issue up for
2 consideration, and that is the bed tax that's
3 currently being collected on those beds, and that
4 that's revenue that not only is being paid by the
5 provider but being matched at the federal level that
6 would evaporate from the state budget. And that's a
7 serious problem.

8 So we -- there are many negatives
9 associated with just taking a number based on an
10 average over a two- or three-year period and then
11 confiscating those beds, which would then no longer
12 not -- in addition to what Terry and Cece are saying,
13 those beds are currently generating revenue for the
14 state even though they're empty because providers are
15 still paying the dollar-fifty tax on licensed beds,
16 and that's being matched at the federal level. That
17 would just go away.

18 MS. KENDRICK: This is Alexis.

19 That issue was raised by the governor's
20 office, and so that's why it was run past DHS
21 regarding the bed tax. But the bed tax is only placed
22 on beds that are being used, and it's --

23 MR. HARTMAN: No. No. That's not
24 accurate. There's actually (phone noise) bed taxes.

1 There's licensed bed tax --

2 MS. AVERY: Who's speaking?

3 MR. HARTMAN: -- and occupied bed tax.

4 UNIDENTIFIED: Who's speaking?

5 MR. HARTMAN: This is Matt Hartman with
6 IHCA.

7 There are two taxes, Alexis, and for the
8 occupied bed tax, you're correct, but for the licensed
9 bed tax, all facilities pay that tax for every bed
10 they have.

11 MR. PICK: And this Eli.

12 Matt's correct. There's two parts to the
13 tax. The dollar-fifty is the licensed bed tax.
14 That's on all licensed beds. And then, Matt, is it an
15 additional two-fifty or three-fifty that's occupied
16 beds?

17 UNIDENTIFIED: No. It's six thirty-eight.

18 MS. KENDRICK: Sorry. I guess I was
19 referring only to about the \$7 tax.

20 MR. PICK: Right. Right. So that's the
21 occupied bed tax.

22 But there is a licensed bed tax that would
23 be lost revenue to the state.

24 MR. FLORINA: Mr. Chairman, John Florina.

1 One other comment along the same lines.

2 MR. WAXMAN: Please.

3 MR. FLORINA: It's obviously a complex
4 issue with a lot of factors here. Providers/owners
5 have put in a lot of funds to build buildings and
6 operate them. Have quite an investment. There's
7 banks that loan money on those investments. To take
8 the beds away without due process may create another
9 issue. From a legal perspective -- and I know there's
10 a bunch of attorneys on this line -- is there a due
11 process issue by passing a law like this and not
12 giving the owners of the property a fair return for
13 what they have?

14 MR. WAXMAN: Yeah, I -- you know, that one
15 bothers me too. The licensed beds act as collateral
16 in a lending formula, and if the licensed beds
17 disappear, then where -- you know, what happens to the
18 agreement based upon number of licensed beds? Is
19 there a call that money has to be paid back? You
20 know, is the loan negated? I think that's a critical
21 issue. I really do.

22 MS. AVERY: Hi, this is Courtney.

23 Again, as you all know, this is where we
24 started with hospitals. We had the same issue then

1 that we're having now -- beds. Providers who wanted
2 to establish a new hospital were saying that their
3 inventory is off because the bed formula is not
4 correct. We're over-bedded. People are holding onto
5 beds. They're not using them. So we didn't have to
6 go this route. It was voluntary. And I hear
7 everything about the equity and what they would have
8 to do in order not to skew their finances and things
9 of that nature.

10 But the bottom line is that we have to do
11 something, and the bed exchange program is not going
12 correct this at all. It may look a little different,
13 but it's not going to correct this issue at all. So
14 maybe we need another idea so we can get our bed issue
15 under control and our inventory correct.

16 MR. LOWITZKI: Courtney, this is Dave.

17 There was a mention that somebody talked
18 to HFS around the bed tax, and did HFS say they were
19 okay with something like this moving forward in terms
20 of the revenue they'd lose?

21 MS. KENDRICK: Yes. We got agreement from
22 DHS, HFS, and Department of Public Health.

23 MR. LOWITZKI: I share the concerns around
24 the bed tax revenue, and I'd be curious to know how

1 much -- how much -- how many beds are we actually
2 talking about and how much money would HFS be losing
3 that pays for nursing home rate?

4 MS. KENDRICK: Well, based on estimates
5 currently, we believe, if it was placed to 90 percent
6 utilization, around 14,000 beds would be removed. At
7 85 percent, it would be about 8,700; and at 80
8 percent, it would be about 3,000 beds.

9 UNIDENTIFIED: Come again. I don't
10 understand what you just said.

11 MS. KENDRICK: So currently the
12 utilization rate is around 74 percent in the state.
13 If we remove licenses to get the average utilization
14 to 80 percent, it would be about 3,000 beds.

15 UNIDENTIFIED: I got it. I got it. Okay.
16 And if you went to 90 percent, it would be 14,000 beds
17 being taken out?

18 UNIDENTIFIED: 14,000 or 1,400?

19 MS. KENDRICK: Thousand.

20 MS. AVERY: What do we have now?

21 MR. SULLIVAN: That's the equivalent of
22 about 140 nursing homes.

23 MS. AVERY: What do we have now? About
24 150? How many beds?

1 MS. KENDRICK: Mike, how many beds are in
2 inventory?

3 MR. CONSTANTINO: Little over a hundred.

4 MS. AVERY: Thousand.

5 MR. CONSTANTINO: About 20,000 of them are
6 not being used. (phone noise) provided to us by the
7 facilities, and it continues to increase every year.

8 MS. COURT REPORTER: Could I remind people
9 to identify themselves, please.

10 MR. CONSTANTINO: This is Mike
11 Constantino.

12 Every application we get in, that is the
13 criticism we get -- there's beds not being used in
14 these planning areas.

15 MR. SULLIVAN: This is Terry Sullivan.

16 MS. CREDILLE: This is Cece.

17 How will we address that if, as Terry
18 said, it's the equivalent of taking out 140 nursing
19 homes in Illinois?

20 UNIDENTIFIED: Is that you, Cece?

21 MS. CREDILLE: Yeah, this is Cece again.

22 So how -- how will this issue be
23 addressed? Because our bed need will go up, and we're
24 taking 140 nursing homes off line in theory.

1 MS. AVERY: I think when you equate it to
2 the actual physical plant, yes; but, no, that's not
3 wiping out 140 nursing homes. That is wiping out a --
4 this number of beds that are not being used that's
5 blocking the growth in other areas because our
6 inventory is incorrect. And we hear it.

7 MS. CREDILLE: This is Cece.

8 But we currently show a bed need in
9 Illinois without whatever this number of beds is. If
10 suddenly these beds come out of circulation, if you
11 will, by this process, the bed need in Illinois will
12 jump astronomically.

13 MS. AVERY: Maybe in certain planning
14 areas that's not so attractive for providers to go to,
15 yes; but other areas, no.

16 MR. SULLIVAN: This is Terry Sullivan.

17 Can I just say that the subset of the
18 people who -- who are complaining about over-bedding
19 are people who want to add beds into the system.
20 You're not hearing from the thousand other nursing
21 homes that are in the system already, and it would
22 be -- I would -- who I would modestly suggest maybe
23 you poll them and ask them what they think about the
24 idea.

1 MR. CONSTANTINO: You know, Terry, they
2 came to our board and said they'll be running those
3 facilities at 90 percent.

4 MS. AVERY: Within two years.

5 MR. CONSTANTINO: Within two years. And
6 they're not doing it, and they -- if we look at that,
7 they've misled this board time and time again.

8 MR. SULLIVAN: Correct.

9 MS. AVERY: And then you have the CCRCs
10 that come in under the variance, get their license,
11 and come back in two years and try to remove it
12 because of the hardship that they're placed on not
13 getting those beds filled.

14 MR. CONSTANTINO: But what we are to
15 believe -- if you can't go -- if you're not going to
16 be able to run your facility at 90 percent, then maybe
17 we shouldn't take their word for it that they'll be
18 able to do it. Because there are a number of
19 facilities that are nowhere near 90 percent.

20 MR. SULLIVAN: That's for sure.

21 MS. AVERY: And that's a big problem.

22 MR. CONSTANTINO: Yeah. And those
23 facilities are aging, and as we're told in a number of
24 applications we get, those facilities do not meet

1 current standards, do not meet current standards of
2 care in the nursing care industry.

3 There has to be a mechanism where we
4 can -- where these beds can be reduced. There's
5 20,000--some beds that are not being used.

6 MR. WAXMAN: This is Mike Waxman.

7 I guess I'm curious as to why, with all
8 the discussions we've had about the bed formula and
9 reducing beds, this whole topic and this information
10 was not brought forward to the subcommittees during
11 all the meetings we had about how to reduce the number
12 of beds. I mean, if you guys are so emphatic about
13 the need to do this, why wasn't this information
14 raised at any one of our subcommittees that was
15 dealing with the beds instead of saying far down the
16 road of researching CON processes and bed formulas in
17 every other state. If you guys had this information,
18 why wasn't it given to us --

19 MR. CONSTANTINO: Terry, I've discussed
20 this with you before. I gave you a spreadsheet and
21 showed you what would happen. You met with Bob Green,
22 who collected our survey data, in a teleconference.

23 MS. AVERY: We have discussed this but
24 not --

1 MR. CONSTANTINO: We have discussed this.

2 MS. AVERY: Not at the point of
3 legislation, but as the discussions have evolved, this
4 is the way that we're presenting that we can resolve
5 the issues that we're hearing internally from other
6 state agencies, that we're hearing from applicants
7 that come before the CON board, and that we hear
8 sitting at the table with the subcommittee. I guess
9 I'm missing something, but I thought we have talked
10 about this but not to this detail, and maybe the
11 timing is off, but our legislative process is just
12 starting.

13 MR. PHILLIPPE: This is Tim. Can I say
14 something?

15 MS. AVERY: -- just getting started.

16 MR. PHILLIPPE: This is Tim. I'd like --
17 I haven't said much.

18 Actually, I agree that we've talked about
19 this at length. When I have been actually at
20 presentations to the board, it comes up as part of an
21 application. So I -- I think clearly we've talked
22 about this issue. Now, we've not talked about this
23 solution to the problem before. But the concept, the
24 issue, and the beds -- and we've seen reports on it

1 and everything. So that's not an issue.

2 I do think it's very complicated. It
3 could have a big impact on the industry and certain
4 providers, and so it would be more helpful if we could
5 actually -- it's hard to have complicated
6 conversations on a phone call. It would be helpful if
7 we had the ability to wait and talk about it at length
8 really on a -- at our meeting coming up on the 19th.
9 Because I understand both -- I can understand some of
10 the worries about the change. I also, though, see the
11 concern that the problem is causing and the desire to
12 find a solution for it.

13 Do we have to decide today? Or is that
14 something we can take more time on, now that we've
15 kind of introduced the topic, so we all have a chance
16 to think about it?

17 MS. AVERY: We can follow the same
18 process.

19 MR. WAXMAN: And I guess -- thank you.
20 But I agree with Tim. I think the point is that we
21 have discussed this in many ways, but it never was
22 presented in the detail that you have today as a
23 solution, and I guess that was my point.

24 MS. AVERY: Well, I guess that's because

1 we've been working on it. We -- it took us some time
2 internally to discuss this.

3 MR. ELI: Courtney, this is Eli.

4 I think part of the reaction is suggesting
5 a solution of confiscating beds invokes a visceral
6 reaction, and that I can certainly understand the
7 emotional response, and I think that's part of what's
8 going on -- that when -- when we talk about having to
9 surrender beds, that that's always going to cause a
10 very extreme emotional response --

11 MS. AVERY: And by no means are we being
12 naive about the impact that this will have.

13 MR. PICK: Uh-huh.

14 MS. AVERY: We are not naive about it, but
15 when we get applicants coming to the table saying that
16 we can't build because we're over-bedded, agent --
17 facility X is holding onto these beds, they're not
18 using them, what are we supposed to do?

19 MR. PICK: This is Eli.

20 I empathize with that position, but I
21 don't think we've found an effective resolution
22 because, as was previously stated, putting 14,000 beds
23 back in to availability category through, you know,
24 the formula doesn't solve the problem of why all these

1 beds that have been licensed are empty. And I --
2 until we address that issue, this won't solve the
3 problem.

4 MR. SULLIVAN: This is Terry Sullivan.

5 And I'm sorry, Courtney, you have
6 applicants who say so-and-so is holding onto beds.
7 Maybe if they could buy those beds, that might begin
8 to help the --

9 MS. AVERY: That is not the answer yet,
10 Terry.

11 MR. SULLIVAN: That is step one, and we've
12 always called it step one, and we have talked about
13 other draconian solutions like eliminating variances,
14 having a moratorium -- all of which --

15 MS. AVERY: That's probably what we will
16 have to lean toward until we get this under control,
17 and I'm probably speaking out of turn, but the board
18 is going to have to do something in order to get this
19 inventory under control so that we'll have an actual
20 accurate picture of what we're looking at in long-term
21 care facilities.

22 MS. CREDILLE: This is Cece.

23 I mean, other states have done moratoriums
24 in association with buying and selling methodology for

1 redistribution of beds. It's not a one-way thing.

2 MS. AVERY: It's not a cookie-cutter
3 approach either. Just because --

4 MS. CREDILLE: Flat out -- flat out taking
5 beds away, when the long-term care industry finances
6 their beds differently than the hospital industry, the
7 value of a facility is different in the long-term care
8 industry than the hospital industry --

9 MS. AVERY: And we totally understand
10 that, and we've been hearing the industry saying that
11 forever, and that's how you all evolved.

12 MR. PICK: Mr. Chair, this is Eli.

13 If I can suggest that we also move this
14 discussion to the 19th, and I'm not sure what
15 additional information we would request, but I think
16 face to face is probably the way to pick this up.

17 MR. WAXMAN: Eli, I totally agree with
18 you. And I think in terms of information, maybe some
19 of us need to see a document that spells out what
20 Courtney and Alexis have been saying so we can kind of
21 read it. I understand things better when I read it
22 rather than hearing it on a kind of garbled telephone
23 conversation. So I agree with you. Let's move it to
24 the 19th and give staff a little bit of time to maybe

1 put together a presentation of 15 minutes or a
2 PowerPoint presentation or a document that summarizes
3 what they've been saying. I mean, they've been
4 giving -- I've heard them say they've been giving this
5 a lot of thought. So I'm sure they have, you know,
6 some information they can share with us so that we can
7 again be better prepared to discuss it.

8 And, again, I ask the committee members
9 that are here to study all the information that they
10 can give to us and so we can move forward on the 19th
11 knowing that they do have some deadline dates they
12 have to meet and we need to help support those dates
13 for them. But I think we'll all feel more comfortable
14 if we have a little more time to study it, think about
15 it, and meet face to face.

16 Courtney, are you okay with that?

17 MS. AVERY: Sure. Whatever you guys want
18 us to do.

19 MR. PICK: Okay. Do we need a motion to
20 adjourn?

21 MR. WAXMAN: I think we do. I need a
22 motion to adjourn. I'm sorry?

23 MS. HANDLER: This is Carol. I put that
24 motion on the floor that we adjourn.

1 MR. WAXMAN: I have a motion. I need a
2 second.

3 MR. PICK: This is Eli.
4 I'll second.

5 MR. WAXMAN: All in favor?

6 ("Ayes" heard.)

7 MR. WAXMAN: Any opposed?

8 (No response.)

9 MR. WAXMAN: I think we had some excellent
10 discussion. Motion carries.

11 I appreciate everyone attending via phone.

12 I hope that we have the same attendance at the 19th.

13 Again, thank you all.

14 MS. AVERY: Thank you all.

15 (Meeting adjourned at 4:31 P.M.)

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1 CERTIFICATE OF REPORTER

2

3 STATE OF ILLINOIS)

) ss.

4 COUNTY OF SANGAMON)

5 I, ROBIN A. ENSTROM, a Registered

6 Professional Reporter, Certified Shorthand Reporter,

7 and Notary Public within and for the State of

8 Illinois, do hereby certify that the foregoing

9 proceedings were taken by me to the best of my

10 ability and thereafter reduced to typewriting under

11 my direction; that I am neither counsel for, related

12 to, nor employed by any of the parties to the action

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14 that I am not a relative or employee of any attorney

15 or counsel employed by the parties thereto, nor

16 financially or otherwise interested in the outcome of

17 the action.

18

19

20

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22

23

24

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